

In veins, the thrombus contains more red globules and less fibrine than in arteries—the apex never being purely fibrinous as in the latter.

In veins, during its first period, the thrombus possesses less firmness or density than in arteries;—in other respects the circumstances of, and the changes which take place in it, are alike in both sets of vessels.

The third publication of Dr. Stilling, the title of which is prefixed to the present notice, contains an account of a successful amputation of the thigh, in which the closure of the femoral artery, the deep seated artery of the thigh and the femoral vein was affected, by looping the ends of the artery in the manner already described.

The patient was a female ten years of age, who after an injury, caused by a fall on the upper part of the left thigh, followed by inflammation and suppuration, became affected with caries of the femoral bone. The limb was amputated about a finger's breadth below the great trochanter. The stump healed entirely by the first intention.

In a note appended to this work the author examines the opinion uttered by Dr. Ungar, as the result of his experiments, upon the value, of the loop operation as a means of arresting hemorrhage, namely, that it is entirely useless—and has endeavoured to show, that this opinion has been formed entirely from the unskilful manner in which the operation was performed by that gentleman, in his experiments upon animals.

The incisions through the sides of the artery forming the loop, were, he asserts, too long, in consequence of their being measured by the diameter of the vessel when distended with blood, no attention being paid likewise to the greater or less thickness of the parietes of the vessel in measuring their diameter. The forceps used in looping the divided end of the vessel, were in the opinion of Dr. S. not adapted to its successful performance.

We have now presented to our readers, from the works of Dr. Stilling, placed in our possession by the politeness of Dr. Stahl, of Vincennes, a tolerably full account of his novel operation for arresting hemorrhage from divided vessels.—No one can doubt its practicability, however much they may its superiority, in the generality of cases, over the ligature and the other methods of securing divided vessels now in use—of its real value we profess ourselves to be incompetent to form an opinion—this can be determined only from the result of experience; though we are inclined to fear that the amount of skill required for its successful performance—the time it will consume even in the most favourable cases, and the many readily occurring circumstances which are capable of increasing its difficulty, of diminishing the certainty of its success, or of causing it altogether to fail, will stand very much in the way of its general adoption.

D. F. C.

ART. XVII.—*Recherches Médico-physiologiques sur L'Electricité Animale: Suivies d'observations et de considerations pratiques sur le procédé médical de la neutralisation électrique directe, notamment appliquée au traitement de l'Ophthalmie, de l'Erysipèle de la Face, de la Cephalalgie, de la Migraine, des Dérangemens de la menstruation, des Affections rhumatismales, de quelques Affections névropathiques, &c.* Par J. F. COUDRET, M. D. P. &c., Paris, 1837. pp. 496. pl. III.

In this work Dr. Coudret sets out with the following physiological maxims: 1. that the nerves are true organic conductors; 2. that electricity must be considered as their active or moving principle; 3. that they present, like the galvanic apparatus, two different and distinct kinds of currents; 4. that one of these currents, destined to the functions of sensation and intelligence, passes from the internal and external senses to the brain; the other, destined to the functions of nutrition and locomotion, passes, on the contrary, from the brain or the spinal marrow, to the different parts of the muscular system and of the vast apparatus of capillary vessels.

The notion that electricity is the true nervous fluid is by no means new, and we shall presume that our readers are familiar with the reasons which are usually given in proof of it. But Dr. Coudret adds to this theory two propositions which are the foundations of his work and of his electro-medical practice. They are, 1. that every part of the system suffering under pain or inflammation disengages an appreciable excess of electricity; 2. that any means suited to withdraw or to neutralise this fluid will produce the most evident and salutary antiphlogistic and sedative effects.

The apparatus made use of for experimenting on this subject is called the Medical Electromotor, and is the invention of Mr. Fozembas of Bordeaux. It consists of a glass box or cup, having a metallic base, to which are attached a number of sharp metallic points, extending to within a short distance of the open mouth of the cup. To the outer surface of the base, a metallic cord is affixed. In using this apparatus, the cup is attached by silk bandages, with its open mouth over the inflamed part, which has thus a number of metallic points brought near to it, though not touching it. The metallic cord is then made to communicate either with the surrounding conductors, such as the walls of the building, so that electricity may be conveyed through it to the earth—or it is attached to an electroscope, if the object be to show that there is really electricity present.

The first object of the experiments related by the author is to establish the fact of the presence of free electricity in an inflamed or painful part; and this he asserts that he has done, in several cases, particularly of erysipelas and cephalalgia; and he states that the electricity was always negative or resinous.

The second and principal object is to show that pain and inflammation may be relieved, and numerous diseases cured, by withdrawing or neutralising the electric fluid thus generated in excess; and in proof of this, the author relates, in detail, no less than ninety-five cases treated by the Medical Electromotor.

We shall make but one or two remarks on this work. And first as to the fundamental theory. Though we are not disposed either to assert or to deny that the nervous action may be exercised through the agency of electricity, we think it evident that, if this be the case, it must be electricity in its galvanic form, and not in the state of tension of that excited by friction. For the latter, the whole human body is a good conductor, and we cannot therefore conceive how currents of such electricity could be carried separately along the nerves; or how an excess of it could remain accumulated in a painful or inflamed part. Now the apparatus of M. Fozembas, armed as it is with points placed at a distance, even though it be but a moderate one, from the inflamed surface, would not collect from it electricity of such low tension as that which could be insulated by a moist nervous sheath. We feel confident, therefore, that there must be some fallacy in our author's first experiments. He states, indeed, that it was only under peculiar circumstances, and with the use of great precaution, that he could succeed in showing the presence of electricity by Volta's collector: the individual must be young; the skin must be dry; the air clear, &c. Now what certainty have we, that, in the few cases in which the experiment was successful, the electricity came from the nervous system at all? May it not have been collected from the air, (which always contains it,) or may it not have been excited on the dry skin by the glass cup or the silk bandages? It is worthy of remark, that in three cases in which Professor Piorres made trial of the apparatus on persons in full health, the electroscope gave the same indications as where there was inflammation or pain.

As to the numerous cases of cure related in the work, we must acknowledge that they, also, fail to carry conviction to our mind. When a peculiar system is to be sustained, it is a lamentable truth that medical facts are no more to be relied upon than mere medical speculations. If the hypothesis of Messrs. Fozembas and Coudret be true, that electricity is accumulated in an inflamed or painful part, and that its withdrawal will cure the complaint, the metallic tractors of Perkins must have answered this purpose quite as effectually as the Medical Electromotor, and he made his appeal to facts quite as triumphantly. It is a very significant circumstance, as to both these instruments, that their advocates

avow, that, to make them effectual, the system must be *prepared*, by bleeding, diet, and other medical means. Thus, also, the empiric is always the most successful with his nostrums *after* the regular physician has tried all his remedies. The Tractor of Perkins has fallen into disuse and oblivion. Is it uncharitable to predict the same fate for the Electromotor of Fozembas? R. M. P.

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ART. XVIII.—*A Treatise on the Diseases of the Chest, and on Mediate Auscultation.*

By R. T. H. LAENNEC, M. D., Regius Professor of Medicine in the College of France, &c. &c. &c., translated from the third French edition with copious notes, a sketch of the author's life, and an extensive Bibliography of the different diseases, By JOHN FORBES, M. D. F. R. S. &c. &c. To which are added the notes of Professor ANDRAL, contained in the fourth and latest French edition, translated and accompanied with observations on cerebral Auscultation. By JOHN D. FISHER, M. D. Fellow of the Massachusetts Medical Society. With plates. New York, Samuel S. & William Wood, 1838, pp. 784, Pl. II.

THE *Treatise of Laennec on the diseases of the Chest* has become an established classic in medical literature. Its great merits are known and acknowledged, and to discuss them now might consequently be deemed presumptuous. We may be permitted, however, to call attention to the present edition which is the most complete extant. It is enriched by copious additions by Dr. Forbes, Professor Andral and Dr. Fisher, and may be considered as embracing a complete summary of our knowledge of the diseases of the thoracic organs. It should be in the hands of every student.

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ART. XIX.—*A Lecture on Loaxarthrus or Club-foot.* By THOMAS D. MUTTER, M. D., Lecturer on Surgery; Fellow of the College of Physicians, &c. Philadelphia, 1839. pp. 104. 8vo.

THIS is an exceedingly interesting lecture. The various forms of club-foot—the pathological condition of the joints in each—the method of dividing the tendo Achillis, in order to bring down the heel; and the various apparatuses subsequently required for the cure of the deformity, are fully set forth and exemplified by figures. Appended is a report of twenty-eight cases treated by the author by the methods he describes.

We are unable to give an analysis of this lecture, as it would not be perfectly intelligible without figures, and we regret this the less as the work can be readily obtained by those who are interested in the subject.

We must not, however, neglect to correct an oversight, in relation to the operation of our correspondent, Dr. James H. Dickson of New York. After awarding to him the merit of being the first to perform the operation of dividing the tendo Achillis for the cure of club-foot in this country, Dr. Mutter observes, "Strange as it may seem, he has never, so far as I have been able to find, reported his case or the means by which the cure was attempted. A statement was promised, some time since, but has not I believe made its appearance." Now, "strange as it may seem," this statement was published in this Journal for November, 1838. p. 96, the very succeeding number to that in which the report was promised.

We may also state that loxarthrus is incorrectly used as synonymous with club-foot; it is a generic term (from *λοξος* oblique and *αρθρον* a joint) applied to all obliquities of joints without dislocation—as wry neck, club-foot, &c.

The following is the author's Resumé of his cases:—Of the 28 cases, 21 were congenital, and 7 acquired.

Varus, 19, Valgus 2, Pes equinus 7. In males 19, in females 9. Both feet were affected in 16, one only in 12. The right was deformed in 8, the left in 4.